

TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT**(Under 37 CFR 197(b) or 1.97(c))****Docket No.**

13768.453

In Re Application Of:

Mike Pell, Woodinville, WA

Application No.

10/715,944

Filing Date

2003-11-18

Examiner

Balaoing, Ariel A

Customer No

47973

Group Art Unit

2617

Confirmation No.

4451

Title: Mobile Information System for Presenting Information to Mobile Devices**Commissioner for Patents****P.O. Box 1450****Alexandria, VA 22313-1450****37 CFR 1.97(b)**

1. ☐ The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.

37 CFR 1.97(c)

2. ☒ The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:

☐ the statement specified in 37 CFR 1.97(e);

OR

☒ the fee set forth in 37 CFR 1.17(p).

Payment of Fee**(Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))**

- ☐ A check in the amount of \$ is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. 23-3178 as described below.
- ☐ Charge the amount of \$
- ☒ Credit any overpayment.
- ☒ Charge any additional fee required.
- ☒ Payment by credit card using the payment option in eFiler with RAM will be used to cover the payment of fees with respect to this Information Disclosure Statement.

*Signature*Dated this 27 day of October, 2009.

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